

Southlake Child and Family Therapy
Informed Consent
Client Rights and Responsibilities
Katharine Ottone, LPC

(initial all) I understand that Katharine Ottone, LPC is a Licensed Professional Counselor in the state of Texas.

I understand that Katharine Ottone, LPC does not provide 24 hour crisis counseling. I agree to immediately call 911 or go to the closest emergency room for assistance in the case of an emergency.

I understand that our sessions will be approximately 50 to 60.

I understand that, at any time, I may initiate a discussion of possible positive or negative effects of entering into the counseling relationship and that specific results are not guaranteed although benefits are expected from counseling.

I understand that according to Texas state law, permission to treat minors of divorced parents is given by the Managing Conservator, or the parents are specifically authorized by a Court Order to do so. Therefore, I will be asked to provide a copy of the current divorce decree and if pertinent, to provide a copy of a decree of guardianship or power of attorney.

I understand that I am in control of the counseling relationship and may choose at any time to end our therapeutic relationship. If at any time I am dissatisfied with Katharine Ottone, LPC's services as a therapist, I have a right to let her know. If I do not feel that Katharine Ottone, LPC may resolve my complaint, I may file a formal complaint through the Texas Board of Examiners of Licensed Professional Counselors at 1-800-942-5540 or Mail Code 1982, P.O. Box 149347, Austin, Texas 78714-9347.

I understand that our paths may cross in social situations, but that our therapeutic relationship comes first, along with the protection of my confidentiality. Katharine Ottone, LPC does not initiate greetings.

I understand that if I should subpoena Katharine Ottone, LPC there is a retainer fee of \$1,000 per day, with an additional \$250 for every hour involved with legal depositions, case preparation, travel, and time as a witness.

I understand that in the event of Katharine Ottone, LPC's death or unexpected incapacitation, the custody and control of my mental health records will transfer to Katherine Glassey, LPC at 972-393-1596 ext. 30.

Cancellations

(initial) Established clients need to cancel within 24 hours of an appointment. This is so other clients on a waiting list can be offered a session. Please help other families obtain the appointments they urgently need, by informing the office with as much notice as possible if you need to cancel or reschedule an appointment. There is no fee for an appointment cancelled with 24 hours notice.

Late cancellations, within 24 hours of an appointment may be charged a fee of \$50. Illnesses are often excused.

For appointments that you do not attend and are unable to contact the office beforehand, you may be charged a No-Show fee of \$100.

If you are more than 15 minutes late to an appointment and have not informed the office of this late arrival, your appointment will be cancelled and Katharine will attend to other business during that time.

If you will arrive more than 15 minutes late to an appointment, please inform the office. If you have told the office you will be late, you are welcome to use any amount of your session time for the full session fee. However, this time will not be reimbursed by your insurance company because it does not meet the criteria for a therapeutic hour.

For frequent cancellations and no-shows, you may be given a list of referrals for other therapists in the area and terminated as a client. Although emergencies may arise, repeated late cancellations and no-shows may indicate a lack of commitment to the therapy process.

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_____ Fees for cancellations or no-shows will be collected at the time of the missed appointment by office staff. Please list your credit card information below and your card will be charged automatically. There is no credit card processing fee for running a card for a missed appointment.

Card Type: _____

Card Number: _____

Security Code: _____

Expiration Date: _____

Zip Code: _____

Correspondence

_____ All email correspondence must go through the HIPPA compliant email address:
SouthlakeChildandFamilyTherapy@therapysecure.com You will be required to set your own passphrase to access emails from this address. Please, write down your passphrase in a secure location.

_____ Significant email and phone correspondence becomes part of the client record. Katharine does not do therapy or give therapeutic suggestions over email. You can expect a brief reply from Katharine letting you know that your email was received.

_____ For issues that need to be discussed in detail and between sessions, a phone consultation will be set. Katharine firmly believes in not charging for this time, which is in direct contrast to most therapists. However, phone calls that exceed 15 minutes or become frequent, may be charged a prorated fee.

_____ Katharine also believes in not charging for time spent corresponding with other therapists or school staff on your behalf or request. Again, this is different than most therapists, but something that Katharine values as important to therapeutic treatment of children. If you have a special situation and require Katharine's attendance at another location or extended time for a phone consultation, she will discuss with you a prorated fee for that time.

_____ For phone calls with attorneys, Katharine will charge a prorated fee.

_____ The best way to contact Katharine is to call the office phone. If you require a call back, Katharine will call you from a blocked number.

_____ All correspondence outside of the therapy room should be between adults. Children under age 18 should not be calling or emailing Katharine.

_____ The office phone is a non-texting line. If you text this number, your text message will not be received. Only voicemails will receive a returned phone call.

Group Therapy

_____ Weekly group therapy is a big commitment and occasional absences will occur. Absences are never charged a fee. However, you must inform the office beforehand if your child will not attend group. This is for two reasons: First, other families drive great distances and schedule activities around group therapy. Therefore, their time needs to be respected and they deserve advanced notice if a group will be cancelled due to low attendance. Second, group members become very close. If a group member is absent without notice, the group members often worry, group dynamics can be negatively impacted, and the group schedule for the day may be thrown off by extensive questions about the missing peer.

Edited 01/13/2019

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Therapeutic Process

Therapy has a focus on goals for present/future changes. Homework assignments may be asked of you. Your therapy may include the use of metaphors, symbols, guided imagery, mindfulness, and hypnotic suggestion. These may be used formally or informally. These therapeutic tools have the potential to enhance traditional therapy by allowing you to *experience* goals and “learn what you never knew you knew and control what you never knew you could”¹. Resolving unpleasant life events in therapy can bring about intense feelings which may cause times of discomfort and often involves hard work.

Agreement

I agree to receive counseling services for myself or child from Katharine Ottone, LPC. I have read, understood, and signed the informed consent. I understand the risks and benefits of counseling for myself or family. I understand that I will be an active participant in the treatment process. I have received and understand the Notice of Privacy Practices for Katharine Ottone, LPC.

I, Katharine Ottone, LPC, have inquired and insured that the client understands the limits of confidentiality.

_____ (Katharine Ottone, LPC)

Release

We, the undersigned, release and hold harmless Katharine Ottone, LPC and all affiliated organizations and individuals from any and all liability or claims arising from the provision of the above mentioned services. We agree that in case of an accident or injury of any kind, not precipitated due to carelessness or neglect, that Katharine Ottone, LPC will not be held responsible by me or my agents. We have read this document provided by Katharine Ottone, LPC or had it read to us, and we understand we will receive a copy of this document. We understand and agree with its terms. Katharine Ottone, LPC has satisfactorily answered all of our questions about counseling services offered to my family. If we have further questions, we understand that Katharine Ottone, LPC will assist us in finding the answers to these questions. We understand that if we have any reservations regarding any of the provisions set forth therein we should not sign.

I have been allowed to ask questions and those questions have been answered to my satisfaction. I have the right to modify or refuse homework assignments according to my best judgment. I agree to release and hold harmless my counselor from any claims or liabilities.

_____	_____	_____	_____
Client or parent/guardian if client under 18	date	client if minor	date
_____	_____	_____	_____
Parent/guardian if client under 18	date	Katharine Ottone, LPC	date

¹ Linda Thompson, MSN, CPNP, ABMH, ASCH Former President

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